Early Disease, Good Performance Status and Focal Lesion

TACE

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- Speakers Bureau: Toshiba Medical Systems
- Intellectual Property/Patents: Sumitomo Bakelite, Co., Ltd.
BCLC staging system for HCC

HCC

- PST 0, Child-Pugh A
  - Single < 2 cm
  - Very early stage (Stage 0)
  - Resection, Transplant

- PST 0-2, Child-Pugh A-B
  - Single or 3 nodules ≤ 3 cm
  - Early stage (Stage A)
  - PEI/RFA

- PST > 2, Child-Pugh C
  - Multinodular, PST 0
  - Intermediate stage (Stage B)
  - TACE
  - Advanced stage (Stage C)
    - PV invasion, N1, M1, PST 1-2
    - Sorafenib
  - Terminal stage (Stage D)
    - Symptomatic

References:
Small hepatocellular carcinoma: treatment with subsegmental transcatheter arterial embolization.


N=100 (< 4cm, 124 nodules)
Lipiodol + anticancer drugs followed by GS
Subsegmental artery
Histological CR: 7/11 resected lesions
Local recurrence rate: 18% (1 yr), 33% (4 yrs)
Survival rates: 100% (1 yr), 67% (4 yrs)

Base on Nationwide survey by JLCSG

Keywords for CR
“Superselective TACE”, “Hypervascular” and “HCC < 5cm”
Complete response at first chemoembolization is still the most robust predictor for favorable outcome in hepatocellular carcinoma (Kim BK, et al. J Hepatol. 2015;62:1304-10)

N=340: treatment-naïve, Child-Pugh A
cTACE, mRECIST, Objective response(OR)=CR+PR
OS(mos):
CR(1st TACE): 52.6, CR(TACE≥2): 27.0, non-CR: 10.8

Achieving CR at the first TACE is very important for longer OS.
Transarterial chemoembolization vs. radiofrequency ablation for the treatment of single hepatocellular carcinoma 2 cm or smaller


BCLC very early stage (≤ 2 cm, single)  
N=287: cTACE (n=122) vs RFA (n=165)  
TTP(mos): TACE 18.0±2.9 vs RFA 27.0±3.8

TACE is a viable alternative treatment for very early stage HCC when RFA is not feasible.
- 80’s male
- Solitary
- 20mm
- Child A (5)
- P.S. 0

BCLC-A

Resection ?
RFA ?

But...
Aged patient
Not prefer
1 year later
TACE + RFA

Combination transarterial chemoembolization and radiofrequency ablation therapy for early hepatocellular carcinoma


N=201 (single HCC ≤5cm or up to three HCCs ≤3cm)
TACE+RFA (87), TACE alone (71), RFA alone (43)
Local recurrence: TACE+RFA < TACE, RFA alone
OS: TACE+RFA > RFA alone

TACE + RFA is better than TACE alone or RFA alone, especially HCC <3cm.
Meta-analysis of RCTs


TACE + RFA is the most effective strategy for early-stage HCC.
But...
Aged patient
Not prefer

BCLC-A
Resection?
TACE for early stage HCC

- There is a chance to achieve the cure with TACE, especially hypervascular HCC < 5cm.

- If we try, we should achieve CR at the first session with superselective manner.

- We should recognize the limitation of TACE comparing with the combination with RFA.
Conclusion

TACE can be allowed as the first treatment for early stage HCC if RFA is not feasible.

However, we should not persist in only TACE.

Thank you!

We should add RFA when needed.